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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office		
	Application Number	09/825,604	
	Filing Date	April 3, 2001	
	First Named Inventor	Anthony Aquila	
	Group Art Unit Number	2166	
	Examiner Name	Christopher L. Gilligan	
Total Number of Pages in This Submission	19	Attorney Docket Number	23029-05797 (22606-05797)

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
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<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<input type="checkbox"/> Request for Correction of Recorded Assignment	
<input checked="" type="checkbox"/> Preliminary Amendment [16] Page(s) <input type="checkbox"/> After Final	
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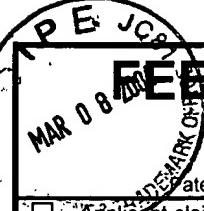
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GROUP 3600

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	Sabra-Anne Truesdale
Attorney/Reg. No.:	Sabra-Anne Truesdale, Reg. No. 55,687
Dated: March 5, 2004	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	Sabra-Anne Truesdale		
Typed or Printed Name:	Sabra-Anne Truesdale	Dated:	March 5, 2004
Express Mail Mailing Number (optional):			

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FEET TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$ 1,286.00**

Complete if Known

Application Number	09/825,604
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First Named Inventor	Anthony Aquila
Examiner Name	Christopher L. Gilligan

MAR 15 2004

GROUP 3600

Art Unit **2166**

Attorney Docket No. **23029-05797 (22606-05797)**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Fee (\$)		
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)				(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	58 -20**=38	x 18.00	= 684.00
Independent Claims	17 -10**= 7	x 86.00	= 602.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description		
Fee	Fee	Fee Description		
Code (\$)	Code (\$)			
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	2,010	2255	1,005 Extension for reply within fifth month
1401	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(g)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	770	2809	385 Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385 For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify) _____			
SUBTOTAL (3)			(\$)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) **Sabra-Anne Truesdale** Registration No. (Attorney/Agent) **55,687** Telephone: (650) 335-7187

Signature

Sabra-Anne Truesdale

Date

March 5, 2004